

The SPEAKER pro tempore (Mr. PEETERS). Is there objection to the request of the gentlewoman from California?

There was no objection.

#### MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mrs. Wanda Evans, one of his secretaries.

#### HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the minority leader.

Mr. GINGREY of Georgia. Mr. Speaker, thank you for the opportunity to spend the next hour as the designee of the minority leader on the Republican side to talk about what we heard here in this Chamber last night beginning about 8:15 in prime time from the President of the United States regarding health care reform.

I am pleased to be joined by at least one of my colleagues, and there may be others that come during the hour. Congressman JOHN FLEMING from the great State of Louisiana will be joining me and we will be talking about what went on last night. We may even want to address some of the comments that our Democratic colleagues have just made on this House floor during the previous hour in regard to their enthusiasm for a public plan, indeed their enthusiasm for a single-payer system, national health insurance, if you will.

So this gives us a great opportunity. That is what makes this body so great, that we can agree to disagree in a respectful way. The three members of the Democratic majority that were just speaking to our colleagues are good friends that I have great respect for, the gentlewoman from California, the gentleman from Minnesota, the distinguished gentleman from Michigan. We just happen to totally disagree on this issue. That is why we are here.

That is what this is all about, is to take an opportunity to point and counterpoint, folks remember that, Crossfire and things we see on television. You are from the right, you are from the left; you are Republican, you are Democrat; you are conservative, you are liberal. Your viewpoints on what is best for the country are going to vary. Sometimes they are going to be 180 degrees apart, and, surprisingly enough, there are occasions on which we agree on issues almost 100 percent. But on this issue, there is serious disagreement.

I want to just talk a little bit about how the President started his address to this joint session of Congress, and, of course, in prime time to the Nation, on H.R. 3200, the bill that has passed the committees in the House, not passed the whole House, but also the bill that passed the Senate Health

Committee. The President talked about that last night.

Typically when the President comes before a joint session of Congress, it is going to be in this Chamber, because this is the bigger Chamber, as our colleagues know. The Cabinet members come in, and there are additional chairs put out here down front for them, for members of the Supreme Court, for any retired Members of Congress who may want to come. Of course, the galleries were completely full last night. Madam First Lady was sitting over here on this side, and it was quite a setting.

I don't think any of us really knew, except maybe the Democratic leadership and some of the Democratic majority party, knew ahead of time what the President was going to say. Sometimes we get a draft of the speech, and on this particular occasion we didn't.

When we sat down in our seats and the magic hour was approaching, at just after 8 p.m. last night these cards, these laminated cards, were passed out by the clerks of the House. I want my colleagues to notice, and, of course, you did see it last night, but there is some script on the front, but there is nothing on the back. So it is not really a two-pager. It is a one-sider, if you will. The bottom line, it is just a thumbnail sketch of what the President was going to say to us.

We typically have, when we sit down, a copy of the speech, and not just a draft, the very speech that the President is going to make right here standing behind that podium as he reads that off of his teleprompters so we can follow word by word, and, indeed, if he is speaking slower by necessity, so we can read ahead and in a typical situation know what he is going to say maybe a page ahead or a page and a half ahead.

Not last night. You absolutely did not know what to expect. I know what I hoped to hear him say, and many people asked me about that, both before and after the speech.

But what did you expect, Congressman GINGREY? You are a doctor. You practiced OB/GYN medicine for 26 years in your district in northwest Georgia, Cobb County and Marietta. You delivered 5,200 babies. You have been in the practice of medicine for 31 years. You have been up here now seven. You sit on the Energy and Commerce Committee where this bill, this H.R. 3200, my colleagues, I just happen to have it, a fresh copy of it, I think 1,100 pages, pretty thick, kind of hard for me even to hold. You know, what do you think about the bill?

After the August recess, when everybody went home, this bill passed the Energy and Commerce Committee. It passed the Ways and Means Committee, and it passed the Education and Labor Committee, very narrowly, strictly upon party lines, and we went home for the August recess. That is when things really got exciting.

Typically, during the month of August, Members are in their district.

They are seeing constituents, maybe one on one, more typically in a townhall meeting setting. On a busy, day you might see 50 people or 75, and rarely 100 if the weather is perfect.

Well, during this August recess, which lasted about 5½ weeks, all across the country congressional Members, Senators, Members of the House, Republicans, Democrats, Independents that held these townhall meetings were seeing 10 times the attendance that they would normally see. So instead of 50, I was seeing 500. Instead of 100, I was seeing 1,000. And this was true, I think, in every district.

My colleagues, you know that your constituents were either going to those townhall meetings, trying to talk to their Members, or they were watching on C-SPAN or they were watching on CNN or Fox News and they were seeing what was going on. And it was clear, it was clear that most of the people at those townhall meetings were our senior citizens. The ones I held, six or eight or nine, there were a few scatterings of young people, but maybe they were off working or at ball games or it wasn't on their mind like it was senior citizens.

But those senior citizens were there because they were very concerned about how this new bill, this big one, H.R. 3200, it is called the America's Affordable Health Choices Act of 2009, what it was going to do to their health care coverage.

□ 1430

And in particular, their concern was a provision in that bill, a provision in that bill that calls for the creation of an exchange, where people who do not have health insurance, maybe they have lost their job and in so doing, have lost the health insurance, or possibly they work for a company. The bottom line is that those seniors that were showing up are very concerned about how you pay for this bill and why the need for the Federal Government to sell health insurance and compete with the private marketplace for the business of these people that don't have insurance.

The bill calls for setting up these exchanges where people can go in their State, online typically, and shop for a health insurance policy, and several companies you can think of, my colleagues think of Blue Cross/Blue Shield, or Wellpoint or Cigna or Aetna or any of the insurance companies that have health insurance as part of that product line, and look and see what they offer, what your needs are in regard to your health, what medications you need to be on, and what the coverage is, and who the doctors are, in fact, that accept that particular policy.

You know in a community who you want to go to, who you want your wife to go to for obstetrical care, who you want your children to go to for pediatric care, and so you pick and choose. And also you look at the doctors. Do you know them or do they have a good

reputation? What they charge for standard obstetrical care or for the removal of an appendix, or for the repair of a fracture. Are they competitive? And that system, ladies and gentlemen, my colleagues in the Chamber, would work very well.

And it has worked very well in regard to the prescription drug plan that our Medicare beneficiaries receive now under the prescription drug plan that we passed back in December of 2003, without government interference, without government setting the price control, because if you let the government participate as a competitor on the field—and yet at the same time, they are the referee, they set all the standards in regard to what has to be covered, not just by them, but every insurance offering that's competing in that exchange and what they can charge.

So the Federal Government gets a tremendous unfair advantage and eventually what will happen is what the President has promised us repeatedly would not happen. What the President has promised is that if you like the insurance that you have, if you like the health insurance that you have, you can keep it and nobody can take it away from you. Now, that's a pretty bold promise that the President has made. But the fact is in this exchange, where you have a government plan competing, and then you have an administrator of all this called the Health Choices Administrator, not unlike the Social Security Administrator, a very, very powerful new bureaucrat comes along and says to Corporate America, what you are offering in the way of health insurance to your employees, even though they're very happy with it, is not adequate because we have made a decision that it needs to cover X and it needs to cover Y, and it needs to cover Z, and you don't cover one of those three, or you don't cover two of those three.

Or this Health Choices Administrator could also say, we have decided that nobody in any one year is going to pay more than a certain amount of deductible or copay, or in the aggregate, out-of-pocket expenses. And we notice, Mr. Employer, that even though the people that work for you are very happy with what they have, many of them have signed up for a very low monthly premium with a fairly high deductible, maybe \$4,500, maybe \$5,000 a year, but they have this catastrophic coverage so that if they get run over by a truck, or get hurt on their motorcycle, then this catastrophic picks up and they do not end up in bankruptcy.

A lot of young people, my colleagues, a lot of young Americans who are healthy; who may be working in their very first job; who are trying to pay for a car; who are paying off a student loan that could be as much as \$125,000; who are trying to rent an apartment; who, indeed, may be just trying to pay down on an engagement ring for their fiancée, and they are healthy, they take care of

themselves, they don't smoke, they don't drink, they exercise, they run marathons, their parents are in great health, no family history of cancer, no family history of diabetes, heart disease, both sets of grandparents are now well into their 90s, they have the Methuselah gene, and we're going to say to them, the Federal Government is going to say to them, this plan that you have that works so well for you is not adequate according to what we have determined.

We, Uncle Sugar, we've made a determination that your plan is not adequate, Mr. Employer, and you're just going to have to either put in a whole new policy for these workers or you're going to have to pay a fine of 8 percent of their salary into this exchange.

So what happens then eventually all of these people, the Lewin Group estimates that as many as 110 million could lose their coverage even though they like it, and they can end up in this exchange; and pretty soon the government, which is competing in that exchange, will force all of the other competitors out, and you will have that many more people in a government-run Medicare/Medicaid-like program.

Now, if that's getting to keep what you like, then maybe you can sell me some oceanfront property in Arizona. My colleagues, it clearly is not what the American people want. And that's what they told us so clearly during these townhall meetings. I mean, I don't know what the President, my colleagues, I don't know what the President was doing during the August break. Maybe he and his family took a little vacation. I hope they did. But I expect that he was watching a little television, but maybe not. Maybe he was himself giving speeches and listening to his own speeches, but not watching these other townhall meetings and seeing these ladies and gentlemen with a little gray around their temple saying what are you about to do to our Medicaid program? What's this business we hear about you cutting Medicaid \$500 billion? Mr. President, last year we spent 480 billion on Medicaid. If you're going to cut it 500 billion over the next 10 years, isn't that more than 10 percent a year cut?

And under Medicare right now, we know it's a good program, but it doesn't cover catastrophic care; it doesn't give us coverage as far as annual physicals. We have to be sick to go in and get our claim honored under Medicare, unless of course we signed up for Medicare Advantage, which 20 percent of us did. And, oh, by the way, what is this \$170 billion cut to Medicare Advantage, a 17 percent per year cut in a very popular program to pay for this idea of insuring everybody when those who are chronically uninsured only amount, my colleagues, to about 5 percent of our total population? Even the President is beginning to admit that.

And it would be like saying, you know, I've just found out that the ice

maker in my refrigerator has gone on the blink. And I got a little estimate and I went by Sears or Home Depot, and I found out that it's going to cost me about \$350 to replace that ice maker. So you know what I think I'll do? I think I'll spend tens of thousands of dollars remodeling my kitchen. I mean, that makes a lot of sense doesn't it? It's kind of like the old adage of throwing the baby out with the bath water.

The bottom line is there are so many things that we can do to reform our health care system without going to this single-payer national health insurance program. The President, Mr. Speaker and my colleagues, last night, in the very first few minutes of his speech, he lamented the fact that since the days of Theodore Roosevelt, the early 1900s, that we have not passed meaningful health care reform. And then he referenced who? He referenced two distinguished Members of this body, former Member John Dingell, Sr. from Michigan, current Member JOHN DINGELL, who has served in this body for over 50 years, a great Member, former chairman of the Energy and Commerce Committee, now emeritus chairman of the Energy and Commerce Committee. And he said, you know, these two gentlemen, father and son, in every Congress for the last 45 years, I think he said, have introduced this bill to reform our health care system. Well, my colleagues, the President was expressing his great regret that that bill had not passed, and that bill was a single-payer national health insurance program just like Canada, just like the UK. Uncle Sam government bureaucrats running everything.

And that's what the President was disappointed in, the fact that we had not passed that. I say thank God we have not passed it, even though we have great respect for these Members. Congressman JOHN CONYERS, long-serving Member from Michigan was just on the floor a few minutes ago talking about a very similar bill that he introduces in every Congress. So that's what we're talking about. These are the things that I wanted to discuss with my colleagues this evening. I want to take a little time now to pass the gavel, the mike, if you will, to my friend from Louisiana, Dr. FLEMING, and we're going to continue over this hour to discuss this hugely, hugely important issue to the American people. And I yield to Dr. FLEMING.

Mr. FLEMING. I thank my friend from Georgia, Dr. Congressman GINGREY for having this debate this afternoon. I think this is an appropriate time, after, I guess, the climax of all speeches by our President on this topic, health care. I believe last night's speech was his 28th major speech with health care reform as its topic. Before we get into the meat of this, which will deal with some of the statements that were made last night, I want to comment on the speech that our President made, things that struck me during the speech and then afterwards.

And first of all, let me say that, as a physician practicing for over 30 years, business owner, still owning businesses and employing hundreds of people in my businesses, providing health care insurance for them, I came to Congress hoping to work in a reform environment. I want health care reform. Wanted it before I was elected, but seeking to achieve that through private means, through capitalism, through the things that have made America great, not through socialistic government takeover means. So I came to this discussion last night, sat very close to where I am at this moment, hoping that the President would, after a very difficult August recess for many of our friends on the other side of the aisle, running into disgruntled Americans who are unhappy with the idea of government take over of health care, would come in a nonpartisan way, wanting finally to reach across the aisle to share some of our ideas, to allow us to participate in the debate as well.

But I noticed four things that I want to point out real quickly. Number one was his partisan tone. I really felt that his tone was hyperpartisan, was really unexpected to me. Again, he's my President. He's President of everyone in this Chamber today. And I think it's his responsibility to rise above partisanship. And I had expected that, to be honest, but I was disappointed.

□ 1445

I noticed a condescending tone, his lecturing us on how to achieve capitalistic ideals, free-market ideals using socialistic principles. Again, I've been a physician for many years in private practice. I've owned businesses for a number of years, and know of no economic model in which creating socialistic or governmental entities will make capitalism or the free market better.

Thirdly, an accusatory tone, suggesting and, in fact, coming outright and saying, in effect, we Republicans are lying about many parts of H.R. 3200, the Democratic bill. I really take personal umbrage over that because everything that I've spoken about and everything I hear from my colleagues is backed up through facts, and while we may disagree at times even over those facts, I don't think that it's appropriate for us to accuse each other of lying.

Then, finally, the unsupported claims themselves, which we're going to get into in a moment, making statements that cannot be in any way supported.

So, on the one hand, every statement that I know of that I and my colleagues have made can be supported very clearly, not necessarily with what's directly in the bill but with facts that surround the bill. Then there is our President coming to us, making statement after statement and repeating them, which can't be supported in any way, shape or form either in the bill or outside of the bill.

Mr. GINGREY of Georgia. If my colleague will yield just for a minute—

Mr. FLEMING. Yes, please.

Mr. GINGREY of Georgia.—you mentioned a fact check, Dr. FLEMING, and I have a number of those facts here on the poster board, on the easel. I think what I'll do is uncover the first one, and I'll let you comment in regard to the first fact that he mentioned last night.

My colleagues, you may not be able to see that well nor may Dr. FLEMING, but here is what it says. This is a quote from our President.

"I will not sign a plan that adds one dime to our deficits—either now or in the future."

Congressman, can you see the true fact on that?

Mr. FLEMING. Yes.

Yes, I remember him saying this and shaking his finger while he was doing it, and we have been totally unable to find anyone who can agree with this statement.

The cost of the bill will be anywhere from \$1.6 trillion to over \$2 trillion. The President says that the savings will either come from—well, really from a combination of raising taxes and then savings. If I could digress for a moment, he is talking about savings. You alluded to this a little bit, Congressman GINGREY, about his gutting Medicare and Medicaid \$500 billion—\$190 billion by killing off Medicare Advantage—and then the rest would come out directly.

You know, I was born at night, but I wasn't born last night, and I happen to know that I and many of my physician colleagues, who have been dealing with Medicare reimbursement for many years, all know that we are currently being reimbursed under Medicaid and Medicare well below our costs. We make it up on the private insurance, which is what is driving the private insurance cost up. It is the existing government-run programs that are running those costs up. To say that you can take \$500 billion out and it's not going to affect services just is not true. It is plainly false to say that. Even with the best estimates, we come out with at least, as you say on your poster, \$239 billion of deficit over 10 years. So there is nothing at all that supports that statement, sir.

Mr. GINGREY of Georgia. Reclaiming my time, I certainly agree with you.

The President talked about not spending one penny to add to the deficit, and this \$239 billion shortfall in the pay-for is after cutting Medicare by \$500 billion, as you have heard from me and from Dr. Fleming, and after taxing the rich, whoever they are. I think, unfortunately, the rich are a lot of small business men and women who create most of the jobs in this country. They're taxing them anywhere from 1 to 5 percent, and are trying to raise an additional \$800 billion.

So, even with the \$800 billion worth of new taxes and the \$500 billion cut to the Medicare program, especially to Medicare Advantage—and Dr. FLEMING

would, I'm sure, verify this—fully 20 percent of Medicare recipients today, my colleagues, choose the Medicare Advantage program as the delivery system because they get more care. Dental care is covered. Hearing aids are covered. Annual physicals are covered. There is a catastrophic cap. None of that is true under traditional fee-for-service Medicare unless, maybe, if you have an expensive supplemental policy.

So that was the first fact. Congressman, if you will let me unveil, if you will, fact number two.

My colleagues, this fact-check is this—and again, we're quoting from the President's speech last night, not 12 hours ago: Nothing in this plan will require you to change the coverage or the doctor that you have.

Now let me repeat that because this is an important fact check: Nothing in this plan will require you to change the coverage or the doctor that you have.

Congressman.

Mr. FLEMING. Yes, sir.

Well, you know, if you look in the four corners of the bill, itself, there is no statement that says that it will change the coverage or the doctor you have. However, remember that it's the impact of the law that really dictates the outcome.

First of all, you just mentioned that 25 percent of Medicare recipients are on Medicare Advantage, which is the privatization part of Medicare in general where they're able to get more services through private insurance than they can on regular Medicare. Well, the financing for that program will be killed off, so that's 25 percent of Medicare recipients. We'll lose Medicare Advantage, so whatever doctors and whatever services they're getting will definitely be changed.

Mr. GINGREY of Georgia. Reclaiming my time, even if they wanted to keep it, it would no longer be there for them because if you cut it to the bone—and this cut in Medicare Advantage is like 17 percent a year—the insurance companies that offer that product will just simply say, I'm sorry. We're shutting our doors, and you're going to have to go find yourself a doctor who will accept you under Medicare fee for service.

Mr. FLEMING. Absolutely.

Secondly, as I described before, Medicare and Medicaid, the current government-run programs, only survive today because of the tremendous subsidy that's going on from private insurance, and even that will run out of money in 8 years, so we haven't even solved that problem. But if you look at the fact that the current government-run programs are, themselves, being subsidized by private insurance, once you create this government option, which will cost employers 8 percent of their payroll, it will begin to pull people out of private insurance and onto the rolls of the single-payer, government-run system.

Little by little—well, in fact, quite rapidly—the cost of insurance premiums of private insurance will begin

to dramatically rise. The disparity of the differential between the 8 percent of payroll that they will be required under the government option and the 15 or 20 percent of whatever it is going to end up being with private insurance will be so large that employers will have to be put in a position—will be forced—to dump their employees into the government option, the government-run system. As you point out there, the Lewin study shows that as many as 114 million Americans will be the ones dumped into the system.

Mr. GINGREY of Georgia. Well, again, reclaiming my time, this is a point that I made earlier, Mr. Speaker. Again, I want to repeat it to our colleagues, this business about, if you like what you have, that you can keep it—you may want to keep it. As an example, we'll use Medicare Advantage. But you may be prohibited from keeping it because it's not offered anymore.

It's the same thing with regard to, if you work for an employer, Mr. Speaker, and if that employer says, Look, you know, we've got a menu. That's the way it works. That's the way it works for the Federal Employee Benefit Plan.

For those of us who work for the Federal Government, you have choices of five or six things that you might want—a high option, a low option, a standard option. You might want dental coverage. You might not. You might want eye coverage. You might not. You might, indeed, want a low premium, a very low monthly premium with a high deductible combined with a Health Savings Account. A lot of Federal employees choose that. A lot of employees for these large companies choose that, whether we're talking about Wal-Mart, Coca-Cola, Lockheed, whatever. They have those as their choices.

But the Federal Government is under this massive new bureaucracy with, I think, 53 different agencies making decisions under the Department of Health and Human Services. Mr. Speaker, the ones with the strongest voices would be these health choices administrators who could say—now, there will be a grace period up till—what?—about 2013, I think, Dr. Fleming.

Mr. FLEMING. Yes.

Mr. GINGREY of Georgia. But at that point, they could say to a company, Gosh, I notice that you've got a lot of your employees who have picked the high deductible-low premium plan, these young workers who are just out of college or just out of high school. Well, you know what, Mr. Employer? We're not going to approve that because we have decided that nobody can spend that much money out-of-pocket in any one year. That's one of our requirements. So you're going to have to come up with something entirely different and, yes, more expensive.

That's what Representative FLEMING was saying, Mr. Speaker, that the employer is going to say, You know what? It's not worth it to me. Heck, I'll just

pay the 8 percent fine for each of these employees, and I'll let them go into this government plan.

So you're talking about, if you like what you've got, you can keep it. You can keep it until you can't keep it, and that's going to be in 2013.

Mr. FLEMING. Will the gentleman yield just for a moment?

Mr. GINGREY of Georgia. Of course I'll yield.

Mr. FLEMING. According to our President and to our colleagues on the Democratic side, they suggest this government option will be sort of an anecdote to the problem we have in insurance today, which is that there's not enough competition. Again, I don't know of any economic textbook or of any economic model that suggests that the way to create more competition in the workplace or in the business world is to create artificial pricing, which is what this does.

So what artificial pricing does, particularly when it's backed up with taxpayer dollars, is it, in effect, creates a situation where insurance companies will be put out of business, and that will, of course, cave the entire insurance industry.

Mr. GINGREY of Georgia. I thought we could go to the next fact then. Again, I'm quoting from our President last night.

"Not a dollar of the Medicare trust fund will be used to pay for this plan."

I think he spoke the truth there because I don't think there's any money left in the Medicare trust fund. I think past Congresses for many years have spent that money like crazy. As we all agree, I think, every Member, every constituent, certainly every Medicare recipient would say that that trust fund ought to be lockboxed and that it should not be touched for any Federal expenditure except for the solvency of the Medicare plan.

So, yes, I agree with him, that not a dollar of the Medicare trust fund will be used to pay for this plan.

The fact, of course, is not just the trust fund. He's taking money right out of the hide of the Medicare program, not the fat but the muscle and the sinew and the cartilage and the bone; \$500 billion out of Medicare.

Then he went on to say that he promised that, if his bill does not save money, more cuts will come. Hear me, Members, who might happen to be on Medicare—and your constituents surely are—more cuts will come.

Now, the next fact: The President earlier in the speech said this—and I wondered if he was listening. I don't know what he was listening to during the month of August, but this is his quote from his speech last night to this joint session and to the television audience—to all of the Americans.

"A strong majority of Americans still favor a public insurance option."

□ 1500

What's the fact, Dr. Fleming?

Mr. FLEMING. Well, that's a bait and switch.

What the polls actually show is a majority of Americans favor health insurance reform. However, when you ask them specifically about the public option, as you point out in your poster, only 42 percent of Americans approve and 52 percent disapprove.

So we have a 10 percent gap. Most Americans do not approve of a public insurance option or what we call government takeover. And you really see this in the town halls. I don't know about you, Congressman GINGREY, but in my town halls, I did a number of town halls in my district during August. And overwhelmingly, I would say by a factor of about 95 to 98 percent, were against any sort of government-run insurance and only a handful suggested they were for it in any way. And, really, other polling that we have done suggest similar statistics.

And the other thing that you don't see here is intensity. The intensity level against government-run health care is far stronger than those who are in favor of it.

Mr. GINGREY of Georgia. Well, and, again, in regard to the facts, when we went home for the August recess, President Obama, his overall approval rating—and, let's face it, politicians pay attention to polls, and, certainly, our Commander in Chief and the highest politician in the country is the President of the United States, and he pays attention to his approval rating, and it dropped over 10 percent in a 5-week period of time and 57 percent of the people in the country when we left here the first of August were in favor of this health reform plan, but now it's down to 42 percent. So, again, that fact check, I think, is very important.

My colleagues, the point we are getting to is this, based on the speech that the President gave last night, it's pretty clear to me, it's pretty clear to this Member, to this physician Member, that the President has not listened. He may be listening to Ms. PELOSI, the Speaker of the House, he may be listening to Mr. REID, the majority leader of the Senate; he may be listening to CHARLIE RANGEL, who chairs the Ways and Means Committee. Possibly he is listening to HENRY WAXMAN, the chairman of the committee that I serve on, Energy and Commerce; or maybe his friend from California, GEORGE MILLER, who chairs the Education and Labor Committee in the House; and maybe he is listening to CHRIS DODD, the Senator from Connecticut, who chairs the Health, Education, Labor, & Pensions Committee, the health committee in the United States Senate.

But he is not listening to the American people. We have come to not expect, my colleagues, him to listen to the loyal minority and to give the minority truly an opportunity to participate on the front end of having input in these very important bills. We are talking about 17 percent of our economy is health care.

And JOHN FLEMING and PHIL GINGREY, together, probably have 70

years of clinical experience, Mr. Speaker, in the practice of medicine. And I am talking about where you see patients. I am not talking about writing papers or teaching at some ivory tower medical facility, I am talking about in urban and rural America, seeing patients across all aspects, financial, socioeconomic, ethnicity, with all kinds of problems.

And our specialties are different. And yet we have got these 70 years of clinical experience that we should have, could have, would have brought to the table. And not once were we invited. So the President is listening to somebody, but he is not listening to some experts that could help him, and he is sure not listening to the American people.

The American people said very clearly, and, again, when I wasn't holding town hall meetings, I was watching them. I was a C-SPAN junkie. You know, I was an insomniac. I'm a senior citizen, so I don't sleep a lot.

And the people were saying, Mr. President, no government-run health care, don't cut senior care to pay for this health reform. We don't need to remodel the kitchen. We just need to fix the ice maker.

Don't raise the deficit. We just heard that your guy, Mr. Orszag, the director of the Office of Management and Budget at the White House, your man, you put him there, he is a brilliant economist, and he just said that over the next 10 years your deficit spending, your red ink is going to total \$9 trillion. Now, ladies and gentlemen, my colleagues, we are currently \$11 trillion in debt in this country, 11 plus 9 is 20. That's about \$45,000 worth of debt for every man, woman and child.

And we are going to do this massive health reform change and spend another \$1.5 trillion when, yes, 14,000 people every day are losing their jobs and something like 5 million have lost their jobs since February when we passed the economic spendulus and Recovery Act that was going to stop unemployment at 8.5 percent and start growing jobs. Unemployment now is 10 percent, and we haven't grown a job yet.

The American people said don't raise the deficit. The American people said health care choices, not government dictates. The American people said bipartisan compromise. Mr. President, you are not listening.

Well, just a few additional points to be made, Mr. Speaker, and my colleagues. The truth behind the Democrats' health care proposal, 5.5 million more jobs will be destroyed just by the business tax proposals in this plan.

As I pointed out, 114 million Americans could lose their current health insurance, so much for if you like what you have you can keep it; \$500 billion in Medicare cuts, 20 percent increase in seniors' Medicare prescription drug premiums, \$800 billion in new tax hikes, and that's just the beginning.

Now, my colleagues, many times on the majority side of the aisle, you have

said, the Republicans are the Party of No. Well, at first I took umbrage to that. It's almost like a member of our side of the aisle in a moment of passion made a statement last night that he regretted and apologized to the President, when this issue of whether or not this new health care benefit and these subsidies would be going to illegal immigrants. That invokes a lot of passion in a lot of people in this country, including Members of this body.

And when I hear the Democrat majority say we are the Party of No, I get upset about that, or at least I used to. And now I realize that maybe we are the Party of No, Mr. Speaker, but it's spelled k-n-o-w. And we do know. We do have a plan. We do have a second opinion, if you want to put it in medical parlance. We have a second opinion on everything that comes through this Congress. We had a second opinion on energy reform, Mr. Speaker.

We reject the cap-and-tax, cap-and-trade scheme that would cost every family at least \$2,500 a year more in electricity costs when China and India with their 2.5 billion people get off scot free because they are a so-called developing nation. They are developing all right, they are eating our lunch, that's what they are doing. And they are taking away all of our manufacturing jobs.

Mr. Speaker, we have an idea, we have a second opinion on energy, we have a second opinion on how to reform health care. No, it's not 1,100 pages, it's 260 pages. It's called the Empowering Patients First Act. It's not H.R. 3200. It's H.R. 3400. And this is just one of four, or maybe five Republican bills that are alternatives, second opinions, that can solve this problem in a bipartisan way without breaking the bank.

But do you think we get an opportunity to have a hearing on these bills? Do you think we have an opportunity to have our amendments vetted? Do you think when whatever comes before this floor so that all the Members can vote on it, that any Republican will have an opportunity to either offer a bill or even an amendment?

I have as part of this bill an amendment on liability reform that every year that we Republicans controlled the House, it would pass. And it probably would save the cost of health care \$150 billion a year, because doctors wouldn't be doing all these unnecessary, defensive tests, which can be downright dangerous to patients.

So, yes, this is a second opinion. And yet you won't hear much about it, except from us, an opportunity like this, my colleagues, and we take this opportunity.

Maybe when some of our Members have already, you know, headed for the airport and can't wait to get home to their families and their children and grandchildren, I certainly can't blame them for that. But this is our only opportunity, Mr. Speaker.

That's why Dr. Fleming and I are here to make sure that you understand that we are not the Party of No. We are the Party of K-n-o-w.

I would like at this point to hear from my friend from Louisiana.

Mr. FLEMING. I thank the gentleman. To follow up on H.R. 3400, which I am also an original cosponsor of, you know, the President last night talked about a lot of laudable goals such as doing away with the whole idea of preexisting illness that would deny care, denying care to someone who developed a disease while on insurance. The ability, if you lose your job, to keep your insurance.

Well, you know what, this bill provides for all of that. These are all structural problems that are easily fixable. Our insurance system that we have today for health care was developed in the 1940s when insurance was only a catastrophic umbrella coverage. It is not what it is today.

And, so, really, through some very simple things, tearing down the walls between States, so that any American can buy any insurance policy within the borders of the United States, that would create the kind of healthy, robust competition we need to lift service and to reduce cost, to simply pass a law, a very simple law that says you can't deny coverage as a result. You can't even ask what preexisting illnesses you have had in the past.

It's like a friend of mine who had a routine colonoscopy as a preventive tool, and he was found to have a couple of benign polyps. I can tell you, Dr. GINGREY, that man may die in bed at 100, he may get run over by a bus, but he will never die of cancer of the colon. However, that's the reason why he lost his insurance, because polyps were found on an examination that he well should have had.

These atrocities should not occur, and H.R. 3400 will resolve those issues. And it also has tort reform, which you talked about, which H.R. 3200, the Democrat bill does not have.

So, really, all of the problems we have, virtually all of them, all of the solutions are found within H.R. 3400. And yet and still, you mention about participating in the process, the President said last night, and I will quote him, "I will continue to seek common ground in the weeks ahead. If you come to me with a serious set of proposals, I will be there to listen. My door is always open." Well, on May 13 the House Republicans wrote him a letter asking for that. We are yet to hear a response.

□ 1515

He's never commented. As far as I know, he's never read H.R. 3400. So, again, I think it's disingenuous.

I think we have something better to offer and certainly something that could offer tremendous amendments to the bill already before us.

Mr. GINGREY of Georgia. I thank you for those comments, and I certainly agree with you. The President did say that. He said if you've got a good idea, bring it to me. And I would say this to the President because we do, as JOHN FLEMING said, we do have

some good ideas, not just the two of us but Members on both sides of the aisle. The more conservative Members on the Democratic side, the Blue Dog Coalition of 52 members, they need to be heard, and I think thus far they've been heard, but they've been ignored at the same time.

And what I would say to the President as we wrap up this hour, Mr. Speaker, this is what I would suggest to the President. We've all heard the expression around here—in fact, I think the late Senator Kennedy was famous for this; maybe he coined the phrase—“Don't let the perfect be the enemy of the good.”

Now, if President Obama thinks that H.R. 3200, the big bill with the public plan in it, is perfect but the American people, in a very resounding way, have said, “Mr. President, we don't want the public plan because we fear that that's just a Trojan horse and it's two steps towards a single-payer national health insurance where you have rationing such as they do in Canada and the UK,” then the President could—and I wish he had last night said to us—“Well, we can't pass what I think is the perfect, because American people are afraid of it. I feel that they're wrong. I fear that they've been scared. I fear that they've gotten misinformation. But nevertheless, they've spoken pretty clearly, and the Members on both sides of the aisle have heard because they came back to Washington and they told me, and I'm just going to have to pull that public plan option out and let's get together with the Republicans in the Senate and in the House and let's draw up a new bill and let's do the ‘not perfect but the good.’”

And Dr. FLEMING, Representative FLEMING mentioned a couple of things. Equalize the tax treatment so that everybody gets discounted health care. Absolutely put in the subsidy for people who are not poor enough to qualify for our safety net programs like Medicaid but they don't have enough income to purchase health insurance for them and for their children. They get government subsidies based on a sliding scale.

Make the insurance companies accept people with preexisting conditions. Don't let them put caps on how much coverage you get in any one year. If you get real sick in any one year, whatever the bill is, the insurance company should pay it after you paid your copay and your deductible. Maybe the next 5 years they won't have to pay anything and you won't have any claims.

And let's create these high-risk pools across each and every State where people with multiple illnesses can get coverage at a reasonable rate and, yes indeed, help those who need help with subsidies both from the State and from the Federal Government.

Just a few—let people purchase health insurance across State lines where maybe they're cheaper. If you live in—as I did for a long time—in Au-

gusta, Georgia, it was just a half a mile across the river to North Augusta, South Carolina. Why can't people go across State lines and purchase health insurance? They can do it to buy a gun or a television set.

So again, all of these provisions are in the bill H.R. 3200, which I showed you just a second ago. Here it is.

So, Mr. President, in your opinion—not in ours—but in your opinion, this may not be the perfect, but I tell you what, it's darn good. And if we can get together in a bipartisan way for the American people and let's get this done and then let November 2, 2010, take care of itself. And as far as your political future, Mr. President, let's let 2012 take care of itself. Let the American people be the judge. But let's get this done in a bipartisan way and let's, for once, listen to the American people.

With that, Mr. Speaker, I will yield back.

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NOTICE OF CONTINUING EMERGENCY WITH RESPECT TO CERTAIN TERRORIST ATTACKS—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 111-63)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

*To the Congress of the United States:*

Section 202(d) of the National Emergencies Act, 50 U.S.C. 1622(d), provides for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. Consistent with this provision, I have sent to the *Federal Register* the enclosed notice, stating that the emergency declared with respect to the terrorist attacks on the United States of September 11, 2001, is to continue for an additional year.

The terrorist threat that led to the declaration on September 14, 2001, of a national emergency continues. For this reason, I have determined that it is necessary to continue in effect after September 14, 2009, the national emergency with respect to the terrorist threat.

BARACK OBAMA.  
THE WHITE HOUSE, September 10, 2009.

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HEALTH CARE IN COLORADO

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Colorado (Mr. POLIS) is recognized for 60 minutes.

Mr. POLIS. Mr. Speaker, over the last month, I've asked my constituents to share their health care stories with

me so that I can share them with the Nation with regard to how we can improve upon our current health care system and some of the problems that exist that many Americans face every day.

One of my constituents from Boulder asked that her name not be used. When she was 17, she was diagnosed with the HPV virus that causes cervical cancer. It wasn't an easy diagnosis to reach. She had the symptoms of a miscarriage but she wasn't pregnant. That was later verified by the doctors. The only other syndrome that matched her symptoms was cervical cancer. Because of her age and the fact that she hadn't been sexually active for long enough to develop lesions, her doctor said it was statistically impossible for her to have cervical lesions. She said it was most likely a problem with the pill.

She returned every day of the week, had exams, and was given no information. She continually asked for a test to see if she had cancer or tumors, but her doctor refused the test and said it would be a waste of money and insurance probably wouldn't cover them. Even when she said she'd pay for the tests, she was denied them. She asked for a referral to a different doctor, and the doctor wouldn't give her a referral for the same reason. Statistically nothing is wrong, they said. It would be a waste of money.

Finally, this young woman asked her mom to come with her, and after making them wait for an hour until the office closed, the doctor had a conference with other doctors and finally gave her a referral. She got an appointment, found out what was wrong and had surgery to fix it. Thank goodness that her mother helped her out with the cost.

Now, this young lady is having similar problems. She saw her new doctor to see what was wrong and decided they needed to run a few tests. She didn't tell her, however, that the six tests would add up to over \$1,000 and her insurance only covered \$300. When this young lady from Boulder, Colorado, was 20 years old, she went through what too many Americans are victims of and, unfortunately, she was raped and she contracted herpes. She started generic medication but it didn't work so she was prescribed Valtrex, which has no generic, and now it costs her out of pocket \$200 a month just for that medication, which she can't afford most months.

Mr. Speaker, it is for women such as this across our country that we need to pass health care reform so that people don't have to be told “no” by their doctor, “no” by their insurance company, and they can get ongoing treatment for conditions that aren't their fault, might have been misdiagnosed, but they still have a healthy life ahead of them. And by passing health care reform now we can make sure that the next generation won't have to go through what this young lady in Boulder, Colorado, did.

Thank you, Mr. Speaker.